



State of Utah
School and Institutional
Trust Lands Administration

675 East 500 South #500
Salt Lake City, UT 84102-2818
Telephone No. (801)538-5100
Fax No. (801)355-0922
Web site: trustlands.utah.gov

Date: _____

EASEMENT APPLICATION

EASEMENT NO: _____

FUND: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

I (we) hereby make application, pursuant to Title 53C, as amended, and Trust Lands Administration rule, for an Easement on the following described State lands situated in _____ County, for a term of _____.

| SUBDIVISION* | SEC. | TWP. | RGE. | ACRES |
|--|------|--------------|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| *Attach a centerline description and platted survey if applicable. | | TOTAL ACRES: | | |

I understand that the issuance of an easement will be based on the payment of at least fair market value as determined by the Trust Lands Administration, and that the application must be received with a non-refundable application fee.

APPLICANTS SIGNATURE

TITLE